

## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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TATE OF HAWA.

TATE ETHICS COMMISSION

## **LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
Mukai.	Stanley	Υ.	529-7300	
MAILING ADDRESS (Street)			FAX .	
P. O. Box 2800			524-8293	
(City)	(State)	(Zip	Code)	
Honolulu	onolulu HI 96803-2800			
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EMPLOYING ORGANIZATION (FI	TELEPHONE			
McCorriston Miller	529-7300			
MAILING ADDRESS (Street)			FAX	
P. O. Box 2800			524-8293	
(City)	(State)	• •	Code)	
Honolulu	HI	96803-280	U	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOB	TELEPHONE	
AFLAC	(706) 596–3444	
MAILING ADDRESS (Street)	FAX	
1932 Wynnton Road	(706) 596–3908	
1932 Wyllifton Road		
(City)	(State)	(Zip Code)
Columbus	GA 3	1999
NAME OF PERSON RESPONSIBLE FOR	TELEPHONE	
L. Allen Fuller, III		(706) 596-3444
		(700) 330 3111
n. Allen i dilet, iii		(700) 330 3111
MAILING ADDRESS (Street)		FAX
MAILING ADDRESS (Street)		FAX
MAILING ADDRESS (Street)	(State)	FAX
MAILING ADDRESS (Street) 1932 Wynnton Road	•	FAX (706) 596-3908

PART	III DESCRIPTION O	F SUE	SJECTS UPON WHICH	1 YOU	EXPECT TO LOBBY		
	Agriculture		Education		Human Services		Science, Technology & Economic Development
	Communications & Public Utilities		Government Operations & Finance		Intergovernmental Relations International Affairs		Tourism & Recreation
	Consumer Protection & Commerce		Hawalian Affairs		Labor & Employment		Transportation
	Culture, Arts, Historic Preservation	X	Health		Planning, Land & Water Use Management		Other: (indicate below)
	Ecology, Energy Environmental Protection		Housing		Public Safety & Corrections		
t							· · · · · · · · · · · · · · · · · · ·
PART	IV CERTIFICATION	OF L	OBBYIST				
11	hereby certify that the in			s, to the	best of my knowledge	e, correct	and complete.
						1/05	•
	0 4	/Clanat	ure of Lobbyict\				
(Signature of Lobbyist) (Date)							
PART	V AUTHORIZATION	TOL	OBBY			,	
NAME	7.01.1.01.1.01.1.01.1.01.1.01.1.01.1.01			TITLE	OF AUTHORIZING OFFIC	R OR PE	RSON REPRESENTED
L. Allen Fuller, III Governmental Relations							
]	,						
NAME	OF ORGANIZATION (if appli	cable)			1	ELEPHON	1E
			(	(706) 596-3444			
F	AFTAC				'	700) 33	0-3444
MAILIN	G ADDRESS (Street)				F	AX	
1000				(706) 596-3908			
-	1932 Wynnton Road					(706) 3	30-3908
(	City)		(State)		(Zip Co	de)	
	Columbus, Co		GA		31999		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.							
1, allen Fuller III. 1/27/05							
(Signature of Authorizing Officer or Person Represented) (Date)							